

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/700462

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52	1					
3		2					53						
4		2					54	1					
5		2					55	1					
6		2					56	1	01				
7		2					57	1	01				
8		2					58	1	01				
9		2					59						
10		2					60						
11		2					61						
12		2					62						
13		2					63						
14		2					64						
15	1	01					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24	1						74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31	1						81						
32		1					82						
33	1						83						
34		1					84						
35		1					85						
36		1					86						
37	1						87						
38		1					88						
39		1					89						
40		1					90						
41	1						91						
42		1					92						
43		1					93						
44	1						94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL							TOTAL	12					
IND.							IND.	12					
DEP.							DEP.	46					
TOTAL							TOTAL	58					
CLAIMS							CLAIMS	58					